

# **DECLARATION AND POWER OF ATTORNEY**

## **DECLARATION**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### **Context-Aware Linear Time Tokenizer**

the specification of which (check one)

is attached hereto.  
or  
 was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_  
(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, section 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

### **PRIOR FOREIGN APPLICATION(S)**

			<u>Priority Claim</u>	
(Number)	(Country)	(Day/Month/Year filed)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Yes	No
			<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Yes	No
			<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Yes	No

## DECLARATION AND POWER OF ATTORNEY

I hereby claim the benefit under Title 35, United States Code, '119(e) of any United States Provisional application(s) listed below:

### PRIOR PROVISIONAL APPLICATIONS

(application serial number) (Month/Day/Year filed)

(application serial number) (Month/Day/Year filed)

### PRIOR U.S. APPLICATIONS

I hereby claim the benefit under Title 35, United States Code, section 120 of any United States application(s) listed below:

Application Serial No.	Filing Date	Status - patented, pending, abandoned
[REDACTED]	[REDACTED]	[REDACTED]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### POWER OF ATTORNEY

I hereby appoint each practitioner at Customer Number 27572, ( [REDACTED] ) of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

### CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572, ( [REDACTED] ) Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

## DECLARATION AND POWER OF ATTORNEY

**Full name of sole or first inventor:** Markus Walther

Inventor's signature: 

Date: 02/01/2002

Residence: 123 1/2 W. Arrellaga Street, Santa Barbara, CA 93101

Citizenship: GERMANY

Mailing Address: Panasonic Speech Technology Laboratory,

3888 State Street, #202, Santa Barbara, CA 93105

**Full name of second joint inventor, if any:**

Second Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Full name of third joint inventor, if any:**

Third Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Full name of fourth joint inventor, if any:**

Fourth Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Full name of fifth joint inventor, if any:**

Fifth Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_